

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000391

1. Entity Name  
**SANDALFOOT CENTRAL ASSOCIATION, INC.**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90064 017 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
7932 WILES ROAD                      7932 WILES ROAD  
CORAL SPRINGS FL 33067              CORAL SPRINGS FL 33067-2071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
City & State                              City & State  
Zip      Country                      Zip      Country

4. FEI Number      Applied For  
**65-0901042**      Not Applicable  
5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAYE & ROGER, P.A.**  
**C/O ROBERT L. KAYE**  
**6261 NW 6TH WAY SUITE 103**  
**LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing            \$5.00 May Be Added to Fees  
*Trust Fund Contribution.*

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CALDEN, GENE<br>9273 SW 8 ST<br>BOCA RATON FL 33428 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HENRY, CHARLES<br>9440 SW 8 ST<br>BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DISANTO, LOIS<br>9370 SW 8TH ST<br>BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP-Dir<br>Calden, Gene<br>9273 SW 8 St<br>Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Pres-Dir<br>Jim Kroner<br>9355 SW 8 St<br>Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Dir-Sec<br>Gold, Hattie<br>9440 SW 8 St<br>Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Dir-Treas<br>Mittleman, Pearl<br>9300 SW 8 St<br>Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE \_\_\_\_\_ **SIGNATURE REQUIRED**      954-344-5353      2/23/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)